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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 10/685,746 | | | |
| | | Filing Date | October 14, 2003 | | | |
| | | First Named Inventor | RUBSAMEN, REID M. | | | |
| | | Group Art Unit | 1616 | | | |
| | | Examiner Name | Haghighatlan, Mina | | | |
| Total Number of Pages in This Submission | 8 | Attorney Docket Number | AERX-080CIP2 | | | |
| ENCLOSURES (check all that apply) | | | | | | |
| <table border="0"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 </td> <td style="vertical-align: top;"> <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) </td> <td style="vertical-align: top;"> <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): </td> </tr> </table> | | | | <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
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| Remarks | | | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | |
| Firm or Individual Name | KARL BOZICEVIC, Reg. No. 28,807 | | | | | |
| Signature | | | | | | |
| Date | October 6, 2006 | | | | | |

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| CERTIFICATE OF FACSIMILE TRANSMISSION | |
| I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.6(d) and 1.8(a)(1)(b) addressed to: 571-273-8300 on this date: October 6, 2006. | |
| Typed or printed name | Kimberly Williams Zuehlke |
| Signature | |
| Date | October 6, 2006 |

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| AMENDMENT UNDER 37 C.F.R. §1.116 Address to: Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Attorney Docket No. | AERX-080CIP2 |
| | Confirmation No. | 6142 |
| | First Named Inventor | RUBSAMEN, REID M. |
| | Application Number | 10/685,746 |
| | Filing Date | October 14, 2003 |
| | Group Art Unit | 1616 |
| | Examiner Name | Haghighatian, Mina |
| | Title: | "METHODS AND COMPOSITIONS FOR TREATING ERECTILE DYSFUNCTION" |

Sir:

This amendment is responsive to the Office Action dated August 7, 2006 for which a three-month period for response was given making this response due on or before November 7, 2006. In view of the amendments to the claims and the remarks put forth below, reconsideration and allowance are respectfully requested.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.